Disponible en ligne sur www.sciencedirect.com

ScienceDirect

et également disponible sur www.em-consulte.com

Research Paper

Autonomy issues for young adults dealing with psychic disorders☆

Les enjeux de l'autonomisation de jeunes adultes confrontés à des troubles psychiques

Audrey Parron , LISST-CERS

985, route de Villate, Eaunes 31600, France

ARTICLE INFO

Article history:
Received 23 November 2012
Accepted 24 February 2014
Available online 26 September 2014

Keywords:
Psychic disability
Engagement
Autonomy
Social Participation
Young adults

ABSTRACT

This paper describes and analyses the social uses of the notion of autonomy in the life courses of young adults confronting psychic disorders. It is based on a three-year longitudinal study, conducted under the auspices of doctoral research in sociology, with 21 young adults receiving treatment in psychiatric and medico-social institutions. We describe how the shared and divergent meanings attributed to autonomy lead to issues relating to young clients' engagement in the work to support them.

Mots clés :
Handicap psychique
Engagement
Autonomie
Participation sociale
Jeunes adultes

RÉSUMÉ

Nous proposons dans cet article de décrire et d'analyser les usages sociaux de la notion d'autonomie dans les parcours de jeunes adultes confrontés à des troubles psychiques. En nous appuyant sur une enquête longitudinale de trois ans, menée dans le cadre d'une thèse de sociologie auprès de 21 jeunes adultes pris en charge dans des institutions psychiatriques et médico-sociales, nous décrivons comment derrière des représentations différenciées ou partagées

☆ The subject of this article was presented at the ALTER Society conference in July 2012. The text is a product of doctoral research advised by François Sicot and Marcel Drulhe. The dissertation was submitted 9 December 2011. Two years of this research were funded by MIRe/DREES. I would like to thank Jean-Sébastien Eideliman for reading several versions of this text and making suggestions for improvement that allowed it to be published.

E-mail address: audrey.parron@orange.fr

http://dx.doi.org/10.1016/j.alter.2014.09.001
1875-0672/

de l'autonomie, émergent des enjeux relatifs à l'engagement des jeunes usagers dans le travail d'accompagnement mené autour d'eux.

This article examines representations of autonomy in the discourse of young adults confronting psychic disorders (which in some cases may be recognized as "psychic disability"), as well as family members and the professionals involved in their care and support. Through analysis of the discourse of people engaged in this work in different capacities, I aim to describe and understand the social uses of the notion of autonomy in such situations. I am not trying to define autonomy in any real sense, or to evaluate people according to a pre-defined norm of what an autonomous individual might be; I simply wonder what the people involved in the support relationship make of the notion. This question emerged over the course of my doctoral research with young adults supported by programmes devoted to mental health and psychic disability who shared a common issue: a permanent tension between the adult norm of independence and the reality of relationships of support and dependency.

The transitional process into adulthood is commonly defined by the steps of moving out of the family home and entering employment. These steps are rarely simultaneous (Galland, 1996). For F. de Singly, "young people are in social and psychological conditions that allow them to achieve a certain independence, but without disposing of sufficient resources, especially economic, to be truly independent from their parents" (de Singly, 2000, p. 12). This literature distinguishes between financial independence, characterized by professional activity (among other things), and autonomy, defined as a process of self-construction. Along these lines, V. Cicchelli uses the concept of autonomisation to describe the permanent tension between autonomy and dependency in the passage to adulthood. In relations with their parents, then, young people oscillate between child and adult status, and are "simultaneously dependent and independent" (Cicchelli, 2001, p. 144). In this case, autonomy, the "incessant movement between relationship forms and others" (Ennuyer, 2002, p. 289), is not so much an individual characteristic as it is a relation of interdependency between parents and children or between professionals and clients.

In a situation of mental illness, this autonomising process is often thought to be disrupted by both the disorders themselves and the difficulty young people have in breaking away from parental support (Bungener, 2001). Although a lack of autonomy in the passage into adulthood is a commonly acknowledged challenge, our study of young adults supported by mental health and psychic disability programmes provides a novel standpoint for identifying the various representations guiding this transition. It emerges that autonomy is a word serving largely as a screen: despite the fact everyone seems to agree on using the term (families, all sorts of professional, young people), one might wonder just how far this agreement goes, and if the word covers the same representations and practices for all.

Consulting 126 application files for disability recognition[1] allowed me to take account of the great diversity of applicants' trajectories. The sample for semi-structured interviews was selected to represent the diversity of forms of institutional support offered to young people said to be suffering from mental disorders: medico-social services (two ITEP, two ESAT[2]), child, adolescent, and adult psychiatric sectors (two day clinics and a hospital), a drug addiction care centre, and three non-profit networks (of professionals, families, and clients). I moreover chose to observe mental health situations both within the psychiatric sector (where they are commonly described in the terms of psychic disorders and mental health) and inside the medico-social field (supporting issues particular to disability),

[1] The files had been previously selected by a doctor-coordinator of the Midi-Pyrénées COTOREP (formerly the MDPH of the Haute-Garonne); this public organization is charged with evaluating and deciding on work abilities, requests handicapped worker status, disability ratings, and benefits. They were selected from 7388 requests filed over a six-month period in 2004–5. I examined requests concerning psychological and behavioural problems and those coming from people aged 18 to 24.

[2] ITEP: *Instituts Thérapeutiques, Éducatifs et Pédagogiques* (facilities for the therapy, education, and life-skill training of children and adolescents); ESAT: *Établissement et Service d'Aide par le Travail* (facility providing support and productive activities for adults with lowered abilities to work).

fully recognizant of the frequent back-and-forth between the two sectors. Lastly, I was especially attentive to the moments of transition from the youth system to the adult system.[3] Twenty-one young adults from 17 to 24 years old ultimately agreed to participate in the study, twelve of whom with official disability recognition. I sought to expand interviews to people around each of them (parents and professionals) and to observe them in ESAT and day clinics, as appropriate.

After a quick tour of the sociological conceptions of autonomy, I will analyse how young adults, parents and professional variously use the notion. I will then present the professional ideal of autonomy support and its limitations. I will conclude by taking account of the reactions of young adults themselves to these normative forms of support.

1. Support under the sign of autonomy

Autonomy is a widely discussed and debated notion in various spheres of the human and social sciences, especially in sociology (Ehrenberg, 2010), political science (Eyraud, 2006), and philosophy (Jouan and Laugier, 2009). There are several competing conceptions, each with its own definition and socio-political issues that may sometimes even be contradictory. On one hand, some defend an individual's right to free will and freedom from external constraints, frequently defined by institutionalized and alienating forms and sometimes by the State. These conceptions accept an "idealized" vision of autonomy that holds that the individual has emancipatory and reflexive capabilities to confront all forms of dependency. To the reverse, other authors have picked up on the negative side of autonomy, perceived as a normative injunction imposed on the individual and leading to the weakening of the frames structuring collective and individual trajectories. R. Castel thus speaks of negative individualism for "lack of frameworks" (Castel, 2003, p. 452) and Marc Bessin (2009) describes the new injunction to "biographical activation" to which the most helpless youth are particularly subject. The modern individual would possess a greater propensity to express his or her own identity as collective constraints disintegrate. But this new freedom does not have the same consequences in all social groups, and it could bring about situations of insecurity and risk for a fringe of the population that lives in the interstices of economic and cultural spaces. Over a backdrop of de-institutionalization, François Dubet makes a connection between autonomy and responsibility, which creates new demands of the individual. "The obligation to be free, to be master and sovereign of oneself, presents a darker side, because if everyone is free and put in the conditions to manifest this freedom, everyone becomes responsible for whatever happens to them" (Dubet, 2002, p. 360). By weakening collective rules, autonomy becomes an individual and normative requirement in relations with others and institutions, as Alain Ehrenberg points out: "Today autonomy must be addressed as a question of change in the 'social spirit' of institutions" (Ehrenberg, 2009, pp. 222–223).

This "spirit" of autonomy is manifested in professional practice by an individualized support that places the subjectivity of the person receiving that support at the heart of their care. The purpose of the action is no longer to heal, but to support (Ehrenberg, 2004; Ion, 2005), or even "co-produce" a new social connection with the client (Foucart, 2005).

The individualization of support also takes place in a general context of reduced material and human means (Sicot, 2006). Care has gone from a focus on compensation to assure people's integration in a flourishing economic market to programmes to support individuals perceived as challenged by aiming to keep them active socially (and economically, if possible) in what has become an uncertain socio-economic context. This tension between activation and protection highlights particular issues related to the principal of social participation, which has become central (Fougeyrollas, Cloutier, Bergeron, Cote, & Saint-Michel, 1998). Focusing on the individual cannot be reduced to a single dimension, however, because the individual is so complex and "plural" (Bresson, 2006). Moreover, autonomy, as the central principle of public intervention, was constructed differently in the policy spheres of youth and disability, according to their particular internal tensions. Instead of being in a simple opposition between liberal and protectionist models, these conceptions of autonomy are on a

[3] Although this institutional transition is planned for age 20 in medico-social programs, it is set at 18 in the psychiatric sector.

continuum between a conception of the individual's capacities and the issues of social participation and citizenship (Parron, 2011).

The notion of autonomy includes a veritable chorus of meanings, making it screen upon which many actors can seemingly agree while diverging in practice. The stakes here are far from being exclusively individual, but to the contrary are eminently collective and touch on the definition of the place of individuals in public institutions (such as health and medico-social programmes and facilities) as well as in private settings like the family. This is what I will now describe in detail, based on the field study.

2. Autonomy, a screen-word

Analysis of the discourses collected during the field study confirms the omnipresence of the theme of autonomy among professionals, young people, and the people close to them. But behind this uniformity, it quickly became evident that the term's uses are not only diverse, they may sometimes even be antagonistic. Although young people mostly emphasize the dimension of choice to define their own autonomy, parents more often stress an inability to become autonomous, and professionals tend to insist on defining their work as a resource favouring autonomy. And indeed, according to R. Le Coadic (2006) there are three constitutive elements of autonomy: choices, abilities, and resources. My analysis shows that these differences are strongly connected to professional and family status.

2.1. Autonomy in contexts

For young adults, autonomy assumes a normative dimension: to be autonomous is to have a normal life, to know how to do things "like everyone else", to use an expression frequently heard in interviews. Their abilities are on probation, as is their responsibility. They are supposed to prove their autonomy in various domains. So, it is that Annabelle[4] distinguishes autonomy from independence and insists on the question of choices:

> I'm not independent, I can't manage on my own financially, but since it's. . . it's dumb to say but I'm going to define it this way: I'm the one who decides everything I do, the kind of care I get, or my bank, I'm the one who chooses everything, like, since my parents stopped being involved in my choices. But even with supplementary insurance or anything! Yes, I think of myself as autonomous. (Annabelle, university student).

Jean-Marc,[5] a 23-year-old basic employee with Recognition of the Quality of Handicapped Worker (*Reconnaissance de la Qualité de Travailleur Handicapé*; RQTH) status, insists on his intention to be "maximally autonomous", describing the areas where he is while admitting that he delegates some tasks, like managing his paperwork, to his mother. In nearly every interview with young adults, autonomy is thus contextualized and connected to distinct domains of life. One senses that it is very important for them to foreground their autonomy, including material and financial dependency contexts. Help from family relativizes autonomy without negating it, as if a lack of autonomy was a reflection of an intolerable or excessively degrading situation, to the opposite of dependency.

2.2. "Bad autonomy"

On the family side, autonomy is mostly mobilised by default to refer to a lack of ability to act. Once again, this impairment is connected to particular domains, such as management of daily life, health, or professional and social life. While young people's discourse focuses on full autonomy, their parents speak more of the risk of broken social connections and exclusion from society.

Behind this opposition, which could be read as more or less positive ways of evaluating the situation (glass half empty or half full), hide relational issues between young adults and their parents

[4] She was diagnosed as bipolar in the adult psychiatric sector, but she does not recognize herself in this pathology. At the time of the interview, she was 24, attending university, and living in housing paid for by her parents.

[5] Considered "psychotic" by the specialized counselor questioned about his situation.

that relate rather directly to the power relations between generations described by Pierre Bourdieu (1992). Indeed, psychic disorders upset the usual framework and steps for passage into adulthood, as further symbolized by the oddity of the threshold of age 20 separating childhood from adulthood in the field of handicap. Many parents feel that the timing of their child's advancement toward autonomy, which should parallel their transition into adulthood, should be shifted, even against the wishes of the concerned young person. Mrs Renard, a retired basic employee whose son was diagnosed as schizophrenic, explains her say of seeing things:

> No, that's just it, the mentally ill should not get autonomy at age 18, that would be a disaster, because he is not at all stabilized, because he isn't able to take care of himself at all (. . .). We know that getting autonomy too early is destined to failure because the stabilization of a mental illness is 50/50. The first 50 should be the care in priority, the medical care and taking medication and that, that takes time. (. . .) The person at the beginning is in denial. (Mrs Renard, retired).

Related to this oft-mobilised idea of denial of illness is the idea that young people can be "too autonomous", which is to say that they do not acknowledge their need for support. Autonomy in this case is understood as a decision-making capacity, which could be manifested in dangerous ways outside of social norms without oversight by mental health professionals. Autonomy is not understood as institutional independence, but to the contrary is projected onto relations of support, whether in the family or the professional care setting. This notion of "supported autonomy" is explicit and central in the professionals' discourse.

2.3. "Supported" autonomy

The field of social work is complex and varied, from the range of professions involved, the programmes it develops, and the publics it serves. As one might expect, this professional landscape is run through with fragmented frames of reference (Autès, 2004). Professionals, according to their activity sector, profession, facility's policies, and theoretical references from their training, are bound to develop different conceptions of autonomy. Using a comparative study on patients' roles in psychoanalysis and psychopharmacology, Dodier and Sandra (2006) oppose "delegated autonomy", founded on psychiatrists' "pedagogical" attitude aiming "to construct actors more competent in the management of their symptoms", and "reflexive autonomy", which in a psychoanalytic mode asks the patient to be "the author of a certain number of discoveries about [his or her] own history" (2006, p. 4). Although these conceptions are focused on different elements, they nonetheless share the idea that the professional's work is a resource that favours autonomy.

The professionals I met[6] thus did not depict support and autonomy as being antithetical; to the contrary, in the case of their patients, unsupported autonomy is thought to be "false" or "bad" in that it leads to various forms of decline or social marginalisation. True autonomy should occur through forms of support from which the patient only withdraws very gradually.

> Well yes, those are supported autonomies, but without. . . how to put it? It's one of the symptoms of their disorder; it's this impossibility to initiate anything. After, when it's like that, structured, organized from the outside, in this organization, they can sometimes really, really find their way, I would say that it's all a matter of dosage. (Mrs M., psychologist at ESAT)

In this quote, the psychologist justifies support work by an initiative deficit that is "one of the symptoms of their disorder". She says that the facility provides a structure that allows this deficit to be overcome. She specifies, however, that "it's all a matter of dosage", meaning that the professional's work includes a search for balance between autonomy and support. This search takes the form of a great many metaphorical formulations in interviews ("crutches", "stake") to illustrate the oxymoron of "supported autonomy".

[6] I met a great variety of mental health professionals over the course of fieldwork, representing psychoanalytic obedience, behavioral psychology, and other very different frames of reference.

Although fear of crumbling social relations and marginality is shared by parents and professionals alike, the latter also indicate a risk of "institutionalization" that justifies an intermediary attitude between too much intervention and too much permissiveness, or, to use an economic metaphor, between protectionism and liberalism. This vision is based on an impairment-focused definition of the supported person's capacities for action and initiative that legitimates professionals having a dominating and restrictive relationship over their patients or clients.

Behind the apparent convergence of discourses of autonomy, young adults, their parents, and professionals differ over the content of the term and the practices that come with it. The question of choice is present in the young adults' discourse, while parents and professionals insist more on the negative aspects of autonomy, which the former relate to a risk of social marginalisation and the latter to a tension between social marginalisation and institutionalisation. These conceptions of good and bad autonomy allow us to better understand the issues in play in professional support work, which I will now analyse in greater depth.

3. Autonomy in dependency

Analyses of patient/health professional relations have drawn attention to the gradual development of the notion of health service co-production (Strauss, 1992). In the field of psychic disorders, the idea of client "support" (*accompagnement*) is establishing itself, at least in official discourse, over the old term "care" (*prise en charge*). As important as these transformations may be, they have not affected power relations between professionals and laymen, or even dissipated the figures of "good" and "bad" patients (who for that matter have recently become "clients", *usagers*) (Strauss, 1992). Indeed, Loriol, Boussard, and Caroly, 2010 define a client as "a co-producer upon which professionals try to impose their legitimacy. [*The latter*] thus creates an implicit distinction between the "good" client (who reinforces the professional vision of the occupation, its mission, and work well done) and the "bad" (who disrupts the implementation of the professional ideal with his speech or behaviour)" (Loriol et al., 2010, p. 1). Although any generalization on the subject is delicate given the diversity of approaches and professional frames of reference in the field of psychological difficulties, the representations professionals make of their support work are caught in a pair of tensions: one between a person's heteronomy and autonomy, and another between institutional dependency and independence. This results in four ideal-typical situations (Fig. 1). Two of them allow young clients to continue to participate in society: the situation of young clients who manage their support relationships and their institutional enrolments (normalisation), and the situation of young clients involved in a process of institutional normalization guaranteeing supported work toward autonomy (supported autonomisation). Conversely, the other two are thought to bear a significant risk of social exclusion: the situation of young adults on the fringe of mental health services (bad autonomy) and that of dependent young clients who are not very engaged in the support programme (dependency).

These simple conceptions of autonomy allow the drafting of a dominant professional ideology that values "supported autonomy" and obliges young people to subscribe to relationships of dependency, conceived as resources to be managed. In concrete situations, discourses are also structured by contextual elements and social or gendered determinants, as shown in the four professional accounts that follow.

3.1. The path of supported autonomisation

The specialized counsellor at an ITEP who works with Jean-Marc (age 23) describes his story as a "real success". He says that Jean-Marc was psychotic but "he has developed very well". The counsellor elaborates the young man's difficulties when he first arrived at the facility (elocution problems, difficulties integrating himself into groups). The professional also mentioned a "familial problematic" with a mother receiving the Handicapped Adult Benefit (*allocation adulte handicapée*; AAH). Jean-Marc's "success" is materialised in the fact he earned two degrees[7] while under ITEP support, and by

[7] A CAP and a BEP, secondary-level vocational degrees.

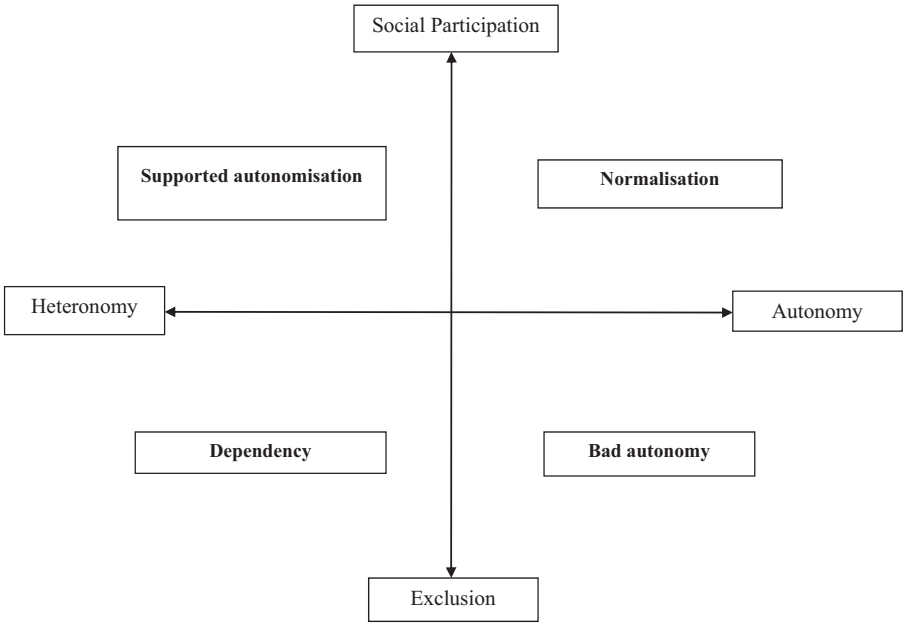

Fig. 1. Professional conceptions of autonomy.

his participation in the facility's activities. Upon leaving the facility with the RQTH, he found a job and moved out of his parents' house. In the counsellor's discourse, the process of becoming autonomous that was initiated in and by the facility allowed Jean-Marc to integrate himself professionally and to break with a harmful family situation. The transition from one dependency (on the family) to another (the institution) is described here as an autonomisation process that eventually achieves a form of independence by entry into employment.

3.2. Normalisation

Access to independence is thus not perceived as a decisive criterion for successful support. In some cases, staying in psychiatric programmes is seen as a form of autonomisation relative to various prior forms of dependency (on family, drugs or alcohol, financial support. . .). In other cases, to the contrary, autonomisation is thought to be found in a transition from an institutional dependency to a domestic dependency; this is the case for Natalia, age 20, described by a manager and a coordinating psychiatrist at a day clinic for children and youth as experiencing a "psychosis of adolescence". Despite her having received long-term care in the youth psychiatric sector, they agree that Natalia's situation is not appropriate for a official recognition of disability, and envisage that she get in a romantic relationship to compensate for her problems instead. The psychiatrist puts it this way:

> "I think that she has the possibility of getting by, but she's someone who still has significant fragility. So it's the same thing, she's got to chance upon a boy who gets attached to her. I can really see her at the head of a large family". The manager speaks along the same lines: "I think that if she meets her Prince Charming and he understands her, she'll be able to have a life".

Interpreting such a position is delicate work. On one hand, the professionals' statements can be read as bids on Natalia's possible autonomisation, outside mental health programmes. On the other hand, this autonomy is thought to depend on a domestic partner, implying a domestic dependency that they would certainly not imagine in the same way for a man. If this interpretation is ambivalent, it is because it is easier to consider women's domestic dependency as normal than it is for men, with

shades of Durkheim's "conjugal regulation", where the woman is simultaneously dominated (so in a way dependent) but in her place (Durkheim, 2006). The transition from one dependency to the other could thus be seen as a process of normalisation.

3.3. Bad autonomy and bad dependency

For many professionals, exit from all support relationships may be judged problematic and, once again, lead to an assessment of "bad autonomy". This is how a specialised ITEP counsellor describes the story of Nathan, age 20, who had been admitted in late adolescence. Leaving the facility with neither a job nor an orientation to another programme, he applied for the AAH and returned home to live with his mother, also unemployed, who the counsellor described as "psychotic herself". The professional sketches Nathan's situation in terms of "social closure", with behaviours perceived as being risky or deviant: "It's gone into psychotic closure, apart from the living". The absence of support is seen as an impediment to the autonomisation process because his new environment is judged to be unsupportive, even unhealthy.

Some professionals vaunt patients' enrolment in support relationships as a validation of the autonomisation process, but their accounts also refer to young people's duty to engage and get involved in facility plans or programmes so that support does not turn into a bad dependency. The situation of 24-year-old Juliette, as presented by a nurse coordinator in a day clinic, illustrates how too much institutional dependency can be a problem inside the facility.

Juliette, unemployed, struggles to find her place in an adult day clinic. She says she is sick and stays in a room apart from the others. Professionals signal the difficulty she has integrating herself in her new facility. Her nurse coordinator confides his doubts about the young woman's ability to subscribe to the day clinic's programme:

> "You know, I don't know if she'll be able to stay". He believes her illness is not sufficiently stabilised for treatment in a day clinic. Each programme selects clients according to criteria that are more or less objectified as symptoms. In Juliette's case, her refusal to subscribe to the facility's programme and the acute manifestations of her mental illness put her integration into doubt. Her situation illustrates the injunction for clients to participate actively in the offered activities.

If health and social service professionals generally agree on the notion of supported autonomy, these few examples illustrate both the variety of positions to be found when one gets into the details of particular situations and the ambiguities of the intersection of autonomy and dependency, whose relative worth is evaluated by a great many criteria, including some characteristics particular to the supported person (age, sex, social background) and others particular to the professionals (professional position, theoretical orientation, type of organization). While the four ideal-typical situations detailed earlier may appear to be quite distinct from each other, many cases are actually found at the intersections, shifting back-and forth according to the professionals, depending on how relations with the supported person develop. In fact, the supported person also has ways of reacting to these judgements, and this interactive dynamic allows judgements and representations to become established.

4. Young people's point of view: between subscribing and resistance

This last section offers an analysis of the accounts of the young accompanied adults themselves, who are asked to be both autonomous and engaged in support relationships all at once. Here again, the postures are diverse and several forms of subscription and resistance can be distinguished.

4.1. Reflexivity and involvement

Annabelle, 24 years old, is in her third year of university studying the social sciences and is engaged in a therapeutic relationship with a psychoanalyst-psychiatrist during the first phase of fieldwork. A year later, during the study's second phase, she was still a third-year student and was thinking

of changing therapists. She describes her care history, giving the decision-making process a central position:

> I was thinking about how to find a way [*to stop both my therapy and my marijuana consumption*]. Stopping the therapy itself doesn't automatically mean no longer getting follow-up care, because ultimately that's what follow-up is for. I was looking for a way to somehow keep a medical crutch, psychiatric care. I kinda think that I was afraid of it, actually, the idea of finding myself without a shrink after having gone through a very difficult year, knowing that with stopping the treatment, after, relapses can still happen – I know that really well because I've already gone through it. I turned to cognitive-behavioral therapy – CBT – for that, so I went looking for another psychiatrist who could help me just to stop marijuana, only that. I met two, and I chose one who I've been working with for more than six months now, yeah, eight months, something like that, and I'm really happy, I've made progress. (Annabelle, student).

She demonstrates reflexivity in her discourse. This quote exemplifies an account focused on choice and individual initiative. The "I" is omnipresent, as much in decision-making ("I went looking", "I chose one") as in evaluating the situation ("I'm really happy", "I've made progress").

Sébastien,[8] also 24, has worked in an ESAT (facilities that provide work opportunities to the disabled) since he left a day hospital at age 20. He spoke about the residential facility:

> "[*They teach us*] to make ourselves autonomous; we have a budget and we're the ones who should do the shopping, we're the ones who should do the cooking, so, I mean, it's in a house and then (*he hesitates*), it's up to us to manage our meals, all that". (Sébastien, 24, worker in an ESAT).

In his account, he acknowledges the facility's capacity to favour his autonomy. Along these lines, he mentions his involvement in this autonomisation process.

These two forms of subscription, centred on the ability of young people to become subjects by subscribing to the facility's group programme or the support programme, have already been developed by Isabelle Coutant in her study of a psychiatric crisis unit for adolescents. She notes that care teams implement a "pedagogy of reflexivity" aiming to encourage their clients do the work on themselves that is necessary for them to become engaged in the institutional programme (Coutant, 2012). By placing themselves at the heart of the decision-making process and by emphasizing professionals' action, young programme participants promote their agreement with the support relationship. But reading young adults' accounts allows us to catch a glimpse of forms of resistance to this paradoxical injunction, as much in the interpretation of their situation as in the choice of areas for support.

4.2. Resistance

Not all problems or situations are characterised in the same way by all the concerned actors. Returning to Jean-Marc's situation, his account differs from that of his ITEP counsellor. Their conceptions of success, among other things, are not the same. In Jean-Marc's telling of the story, he is removed from all decision-making on the various orientations he might take. This concerns his scholastic career ("They decided to make me stop school and to put me in specialized facilities"), then with recognition of his handicapped status ("They made me do it [*get recognized handicapped status*]; they make everyone do it"), and lastly his entry into employment ("I was offered a job here"). On the subject of his support by ITEP, he distinguishes himself from other clients, who he calls "mentally disabled" and considers "heavier cases" than he. He also indicates the challenges of his present situation, complaining of his working conditions and his inability to look for another job: "I want to do it, but I don't".

Young people may thus express forms of resistance in their accounts and in confrontations with professionals' definition of "good" support. Other elements, like scholastic reorientation or past institutionalisation, give meaning to the whole course of experience and create a relationship with support that is quite different from that of professionals.

[8] The ESAT psychologist designated him as "psychotic".

At the start of adulthood, parents' engagements in support work can also be subject to negotiation. New spaces of autonomy or new forms of dependency may become established. Extra-familial programmes are sometimes considered to compensate for some kind of dependency in particular areas. The following quote presents a negotiation between an unemployed mother and her son over budgetary management. Antoine, age 17, is no longer in school and has frequent stays at a specialised hospital.[9] His mother would like to put a protective measure in place when her son reaches the age of majority, insisting on the fact that his illness prevents him from being able to manage a budget. He wants to demonstrate the contrary and prove he is able to be autonomous in money management.

> Mrs P.: When you turn 18, maybe we should think about a guardian to manage your money. Because, for example, in terms of your telephone, it got a little out of control.
> Antoine: It won't happen again.
> Mrs P.: "It won't happen again", now really. They are impulses, so I can't predict that there will or won't be another time. But I mean to say that [*if*] you have three or four hundred euros in your bank account, I'm sure that two hundred, three hundred euros, they are gone in two weeks. And after that you have to live, the day when you lead your own life, you're going to have to pay the little bills, pay your rent, that's why, often, things are managed so that you can have some money, a little spending money, but at least the rent is paid, the bills are paid.
> Antoine: To the contrary, I prefer to get by on my own and (. . .) get by on my own to prove I can do it.

Resistance to the injunction to reflexivity may thus take quite varied forms, from the passive (by letting oneself be directed in a way that may go unnoticed by some of the concerned professionals) to more explicit oppositions, as in Antoine's case. Generally speaking, this resistance is based on what are often strongly divergent readings of the situation by the concerned young people, their families, and the mobilised professionals. One of the purposes of support is to make these readings converge toward that of the professionals, which meets with variable success. Here again, the notion of autonomy may be either a starting point, allowing dialogue to start on a minimally consensual basis, or, sometimes, a hollow shell that cannot prevent significant and potentially long-lasting misunderstandings from developing.

5. Conclusion

By keeping help from the family and signing up for various support programmes, the autonomisation process of young people experiencing psychic disorders does not lend itself to a simple characterisation along an axis between a situation of dependency and a state of independence. To the contrary, maintaining young people's social participation becomes the central issue in face of the risk of crumbling social ties.

A person's relationship to support programmes, defined according to his or her engagement in a plan that is both individual (life plan) and collective (involvement in the institutional programme), determines how he or she will be situated on the boundary between clients the professional ideal considers "engaged" (an involved young dependent person) and those designated as "excluded" (a young person who remains on the fringe of the institutional programme). Consequently, the autonomisation process is rarely defined by departure from support programmes, but rather by clients' engagement in personal and institutional plans. Although these programmes are commonly perceived as resources favouring autonomy, young clients may consider them to be limiting, depending on how engaged they are in the collective plan.

C. Van de Velde defined the search for autonomy in early adulthood as "a long process that tends to the unfinished" (Van de Velde, 2008, p. 9). This ordeal of autonomisation could actually be thought of as an incessant personal challenge, since it has the particularity of not giving actors the possibility to get through it totally victorious or vanquished. But approaching the question through the social

[9] He was hospitalized three times over the course of a year, for periods averaging a month. His mother speaks of schizophrenia, Antoine of depression.

uses of the notion of autonomy allows us to take account of actors' work in characterising this notion. Without pursuing the quest for autonomy, which is incomplete and incompletable anyway, autonomy remains a value constantly in play that sustains representations and practices in particular situations. Its shared definition puts some meaning into the action, but it could just as well be the subject of controversy and conflict. Each actor projects his or her own tensions onto it, like the redefinition of dependency relationships for a young person and his or her parents, the meaning of a professional practice, or the power of a policy orientation or institutional rule. In that, it is never a goal in itself, a personal or collective quest; its name simply has the capacity to absorb and hold a collection of values in a given context of representations and practices.

Disclosure of interest

The author declares that she has no conflicts of interest concerning this article.

References

Autès, M. (2004). *Les paradoxes du travail social*. Paris: Dunod.

Bessin, M. (2009). Parcours de vie et temporalités biographiques: quelques éléments de problématique. *Informations Sociales*, *156*(6), 12–21.

Bourdieu, P. (1992). *La jeunesse n'est qu'un mot. Questions de sociologie*. Paris: Minuit.

Bresson, M. (Ed.). (2006). *La psychologisation de l'intervention sociale, mythes et réalités*. L'Harmattan: Paris.

Bungener, M. (2001). Vivre hors les murs de l'hôpital psychiatrique : le rôle incontournable de la famille en ce début de siècle. *Sciences Sociales et Santé*, *19*(1), 107–111.

Castel, R. (2003). In R. Boyd (Ed.), *From manual workers to wage laborers: Transformation of the social question*. Piscataway, NJ: Transaction Publishers (1995, Translated and edited by Richard Boyd).

Cicchelli, V. (2001). La construction de l'autonomie. In *Parents et jeunes adultes face aux études*. Paris: Presses Universitaires de France.

Coutant, I. (2012). Troubles en psychiatrie. In *Enquête dans une unité pour adolescents*. Paris: La Dispute.

Dodier, N., & Sandra, J. (2006). La place conférée en pratique aux patients par la psychanalyse et par la psychopharmacologie : une enquête comparée dans deux services psychiatriques. *La Lettre de la MIRE*, *8*, 2–4.

Dubet, F. (2002). *Le déclin de l'institution*. Paris: Seuil.

Durkheim, É. (2006). *On Suicide*. London: Penguin Classics (1987, Translated by Robin Buss).

Ehrenberg, A. (2004). Remarques pour éclaircir le concept de santé mentale. *Revue française des affaires sociales*, *1*, 77–88.

Ehrenberg, A. (2009). L'autonomie n'est pas un problème d'environnement, ou pourquoi il ne faut pas confondre interlocution et institution. In M. Jouan, & S. Laugier (Eds.), *Comment penser l'autonomie. Entre compétences et dépendances* (pp. 219–235). Paris: Presses Universitaires de France.

Ehrenberg, A. (2010). *La société du malaise*. Paris: Odile Jacob.

Ennuyer, B. (2002). *Les malentendus de la dépendance : De l'incapacité au lien social*. Paris: Dunod.

Eyraud, B. (2006). Quelle autonomie pour les « incapables » majeurs ? Déshospitalisation psychiatrique et mise sous tutelle. *Politix*, *73*(1), 109–135.

Foucart, J. (2005). Relation d'aide, fluidité sociale et enjeux symbolico-identitaires. Du paradigme réparateur au paradigme de l'accompagnement. *Pensée Plurielle*, *10*, 97–117.

Fougeyrollas, P., Cloutier, R., Bergeron, H., Cote, J., & St Michel, G. (1998). *Classification québécoise. Processus de production du handicap*. Québec: Réseau international sur le Processus de production du handicap.

Galland, O. (1996). L'entrée dans la vie adulte en France. Bilan et perspectives sociologiques. *Sociologie et Sociétés*, *28*(1), 37–46.

Ion, J. (Ed.). (2005). *Travail social et souffrance psychique*. Paris: Dunod.

Jouan, M., & Laugier, S. (Eds.). (2009). *Comment penser l'autonomie ? Entre compétences et dépendances*. Paris: Presses Universitaires de France.

Le Coadic, R. (2006). L'autonomie, illusion ou projet de société ? *Cahiers internationaux de sociologie*, *121*, 317–340.

Loriol, M., Boussard, V., & Caroly, S. (2010). Discrimination ethnique et rapport au public : une comparaison interprofessionnelle. In A. Groenemeyer (Ed.), *Doing social problems: Mikroanalysen der konstruktion sozialer probleme und sozialer kontrolle in institutionellen kontexten* (pp. 298–323). Wiesbaden: VS Verlag.

Parron, A. (2011). Le passage à l'âge adulte des jeunes souffrant de troubles psychiques. In *Enjeux d'autonomisation dans la prise en charge du handicap psychique entre dépendance et engagement des jeunes usagers/patients.* (Thèse de doctorat sous la direction de F. Sicot, et M. Drulhe). Université de Toulouse 2.

Sicot, F. (2006). La santé mentale comme mode de gestion politique de l'exclusion. In M. Bresson (Ed.), *La psychologisation de l'intervention sociale, mythes et réalités* (pp. 75–84). Paris: l'Harmattan.

de Singly, F. (2000). Penser autrement la jeunesse. *Lien social et politique-RIAC*, *43*, 9–21.

Strauss, A. (1992). La trame de la négociation. In I. Baszanger (Ed.), *Sociologie qualitative et interactionnisme*. Paris: l'Harmattan.

Van de Velde, C. (2008). Devenir adulte. In *Sociologie comparée de la jeunesse en Europe*. Paris: Presses Universitaires de France.